

**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/640,988
Filing Date	09/26/2005
First Named Inventor	Wei Sun
Art Unit	2128
Examiner Name	Brandon Heish
Attorney Docket Number	D2027/20170

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 03000

Please change the correspondence address for the above-identified application to:

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OR

<input type="checkbox"/> Firm or Individual Name			
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I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	
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Name	Robert B. McGrath
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Date	10/18/07	Telephone	(215) 895-0303
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NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by law which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.54. This collection is estimated to take 3 minutes to complete, on the average of time you spend to complete one form. Your comments concerning the burden of this collection, including suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 4299, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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